

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.

10/509392

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5				2		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				2		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				2		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	37	↓		↓
TOTAL CLAIMS			39			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS